

**MEDICAL ASSOCIATES HEALTH PLANS
HEALTH CARE SERVICES POLICY AND PROCEDURE MANUAL
POLICY NUMBER: PP 77**

POLICY TITLE: MENTAL HEALTH/CHEMICAL DEPENDENCY ACCESS
STANDARDS

POLICY STATEMENT: Medical Associates Health Plans has established this policy to assure access to medical care for members needing behavioral health care and to establish standards for access to behavioral health care.

PROCEDURE

1. All MAHP members have open access to Medical Associates Clinic Behavioral Health Department and contracted providers for behavioral health.
2. Requests for out of plan mental health/chemical dependency will be triaged through the MAHP Health Care Services Department. A Board Certified Psychiatrist is available to review these requests as needed.
3. The mental health/chemical dependency request for service is assessed for emergency vs. urgent vs. routine needs of the member and triaged as follows:
 - Members with life-threatening emergency needs are seen immediately or directed to ER.
 - Members with non-life threatening emergency have access to care within 6 hours.
 - Members with urgent needs have access to care within 48 hours.
 - Members with routine care needs have access to care within 10 days.
 - Members needing access to care after hours may contact the Patient Services department. Patient Services is staffed by Registered Nurses 24 hours a day, 7 days a week. Patient Services has protocols approved by Psychiatry and can contact the on-call Psychiatrist or member's Psychiatrist as indicated.
4. Members with life-threatening emergency will be authorized emergency care per Health Care Services Policy #9 – Emergency Room Coverage.
5. If the emergency results in an admission, the Health Care Services Case Manager will review the admission, perform concurrent review and initiate discharge planning according to Policy #11 Concurrent Review. Health Care Services staff will utilize MAC Psychiatry as indicated to provide direction in determining member's need for ongoing care and discharge planning.
6. Referral information is entered into the information system by the Health Care Services staff and letters sent as indicated.
7. Treatment plans are reviewed and additional visits authorized based on each individual case.
8. During concurrent review for an out of area admission, the case manager will ensure the member has a scheduled f/u appt to occur within 7 days after discharge.

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PAGE 2**

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